

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000039187

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** BUZZETT PHARMACY CONSULTANTS, LLC

**Current Principal Place of Business:**

101 20TH STREET  
PORT ST. JOE, FL 32456 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 74  
PORT ST. JOE, FL 32457 US

**New Mailing Address:**

**FEI Number:** 26-4806044

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAGIDSON, MEL C JR.  
528 6TH STREET  
PORT ST. JOE, FL 32456 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BUZZETT, WILLIAM R  
**Address:** 101 20TH STREET  
**City-St-Zip:** PORT ST. JOE, FL 32456 US

**Title:** MGRM  
**Name:** BUZZETT, NANCY A  
**Address:** 101 20TH STREET  
**City-St-Zip:** PORT ST. JOE, FL 32456 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** WILLIAM R. BUZZETT

MGM

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date